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ABSTRACT

This report describes and evaluates two programs which deal with chronic status offenders: the Grimes Alternative School Program, a delinquency prevention project which targets intermediate school (grades 4 and 5) students with chronic discipline and/or truant behaviors, and the Home Remedies Program, a short-term crisis intervention and family-centered therapy program which targets families with a child who is at risk for an out-of-home placement due to delinquent or chronic status offenses, emotional disturbance, or abuse and neglect. Data are presented from field interviews with program staffs, a staffing with the Home Remedies counselors, home visits with both programs, classroom observations and interviews, and written materials. For each program, discussions focus on the program's philosophy and goals, operation, and effectiveness. The Grimes program is described as serving from 9 to 12 children each school year who participate in a special "no failure" classroom with a special education teacher, aide, and counselor. It is noted that the project has demonstrated its ability to improve the children's school attendance, academic performance, and classroom behavior, and to minimize juvenile court involvement. Findings reported from the Home Remedies Program show that families receiving services remained intact for at least 6 months after the intervention, and that family functioning increased during program participation and continued to improve for at least 6 months after program completion. (NB)

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THE
GRIMES ALTERNATIVE SCHOOL PROGRAM
AND
HOME REMEDIES PROGRAM

Interim Evaluation Report

March 1989

Prepared for the
Juvenile Services Division
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Raleigh, North Carolina

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THE
GRIMES ALTERNATIVE SCHOOL PROGRAM
AND
HOME REMEDIES PROGRAM

Interim Evaluation Report

Executive Summary

Two programs which deal with chronic status offenders were reviewed. The Grimes Alternative School Program (now the Dunbar program) in Lexington, North Carolina is a delinquency prevention project which targets intermediate school (grades 4 and 5) children with chronic disciplined and/or truant behaviors. Nine to twelve children are selected each school year to participate in a special classroom where there is "no failure." A counselor (family therapist), special education teacher, and a teacher's aide work with the children to empower them by improving their academic and social skills. The counselor is the liaison with the school and the children's family. Using school issues, the counselor works to empower the parents of the children as well. To date the project has demonstrated its ability to improve the children's school attendance, improve their academic performance, improve their classroom behavior, and to minimize juvenile court involvement.

The Home Remedies Program of the Bringing It All Back Home (BIABH) Study Center in Morganton, North Carolina is a short term crisis intervention and family-centered therapy program which targets families with a child who is at risk for an out-of-home placement due to delinquent or chronic status offenses, emotional disturbance, or abuse and neglect. Intensive services are provided the family for a period of four to six weeks by a Home Remedies counselor. While additional counselors are needed to meet the demand of referrals from social service agencies, indications are that those families receiving services from Home Remedies remain intact for at least six months after the program intervention. In addition, there is evidence that family functioning increases during participation in the program and continues to improve for at least six months after completion of the program.

I. INTRODUCTION

The purpose of this interim report is to address, in a preliminary way, whether two projects - the Grimes Alternative School Program in Lexington, North Carolina and the Homes Remedies Program in Morganton, North Carolina are "serving the purposes which they seek to address." The data for this report are drawn from written materials provided to the researcher by the programs and on observations and interviews from an on-site visit. Future on-site observations, interviews, and the review of evaluation data collected by the programs will provide additional information for the final assessment.

Based on information gathered by the researcher, three areas will be addressed for each program - the program's philosophy and goals; the program's operation (a description of the program); and an assessment of the program's "success" (that is, does it appear to be achieving its goals?).

II. GRIMES ALTERNATIVE SCHOOL PROGRAM

The Grimes Alternative School Program is a chronic status offender program of the Youth and Family Counseling Service in Lexington, North Carolina. Funding for the Grimes program began in August 1985 and ran through July 1987. The current program is now located in a different school and is called the Dunbar Alternative School Program. This program is funded for the fiscal years 1987-88 and 1988-89.

A. *Philosophy and Goals*

The Grimes project began as a delinquency prevention project which targets chronic status offenders. It was felt that chronic status offenders had multiple problems and therefore needed a multi-faceted program to provide a comprehensive approach to their problems. The intent of the program was to impact on the individual child, the child's family, the school (through the utilization of new curriculum approaches and building sensitivity to students in need of academic and social support), and the community (through the utilization of community resources in the classroom and through promoting a better relationship between the family and the community). The school was taken as the focal point for the project. In the school setting the individual child could be worked with to improve both academic and social skills. Both working with the child in the school and the issues that arose from working with the child were used as vehicles to work with the family of the child.

The Grimes Alternative School model recognizes the difficult relationship both chronic status offenders and their families may often experience with schools. Schools may be seen as the place where chronic status offenders go to fail with little or no hope of remediation or success. Schools are seen as the critics of parents of

chronic status offenders with little or no hope of schools providing appropriate and useful guidelines to parents to help them control their child's behaviors. Therefore, the use of the school to provide a positive experience for both the child and the family of the child was viewed as a powerful therapeutic tool.

The project seeks to achieve its goals (which are listed below) by empowering the children and their families. Power is viewed here as competency - helping the children to become competent as students and as sons/daughters/peers and helping the parents to become competent as parents. With this empowerment should come positive behavioral changes for the children and their parents. The major goal of the project is to impact positively on the chronic status offense behavior of the students and thereby to aid in the prevention of subsequent delinquent behavior. Four specific behavioral goals of the project are:

- [1] Improve school attendance
- [2] Improve academic performance
- [3] Improve classroom behavior
- [4] Decrease juvenile court involvement

The project collects data on these measurable goals in a systematic way. Data are available from the project for each year of the program.

B. Program Description

In the Lexington school district there are four types of schools - elementary (grades 1-3), intermediate (grades 4-5), middle school (grades 6-8), and high school (grades 9-12). The Grimes Alternative School project took place in the middle school setting and drew students from the intermediate feeder schools to the middle school. Grimes school was not a "regular" middle school but a middle school which was used for special programs. The Dunbar Alternative School project takes place in the intermediate school setting where students are drawn from the elementary feeder schools. The Dunbar program focuses on grades four and five unlike the Grimes program which dealt with grades six, seven, and eight. In the view of the program staff, the younger students are desirable since it is generally felt that the earlier the dysfunctional behaviors can be addressed and altered, the better.

Each year nine to ten (the Grimes program had twelve students each year) students are selected. The selection procedure begins with a request for referrals from the administration and faculty of the feeder schools. In the written request for referrals, the criteria for admission to the program are clearly specified - students with "three or more marked periods of undisciplined and/or truant behaviors" and not "students who appear to be violently assaultive." The program staff reviews the referrals for the minimal eligibility criteria by checking school records. The administration and faculty are told which students are eligible and which ones are not. Letters are sent to the parents of the eligible referrals in order to introduce the program to them. A home visit is made to each eligible student's family in order to observe the family and to explain the program to the family. At

this point the family declares their interest in the program or turns down the opportunity. It is reported by the program staff that the turn downs are most often made by the children, not their parents. If the family is willing to participate in the program, they are placed in a pool of willing eligibles from which the final selection will be made. Each family is told that they are now in the pool for selection and they will be informed of that selection soon.

The pool of eligibles are reviewed again by the program staff. They review the initial eligibility criteria again, information they have received from school records and interviews, and their notes from the home visit. Since the researcher has not observed the decision-making process, the details of how the pool of eligibles is winnowed to selected students and families is not known. However, the program staff reports that there is an effort to "balance" the group of nine or ten on the basis of race and gender.

The program staff makes home visits to both families that have been selected and those that have not. Families not selected are offered help in getting alternative services or other help. It is reported that the families not selected usually are understanding and accepting about not being able to participate in the program.

The entire selection procedure takes from one to one and a half months of summer work.

The Dunbar school is a regular school, unlike the Grimes school which was used for special programs. The regular school environment holds an appeal for the program staff since it is an aid in "normalizing" the environment of the Alternative School students. Nevertheless, the Dunbar Alternative School is set off from the remainder of the school in a separate building which also houses students with behavioral problems and those students who are learning disabled. There is a slight stigma attached to this separate building in the eyes of the other students but the staff feels that Alternative School students are overcoming the negative stereotypes. This process has been viewed by the staff as generally therapeutic for the program's students.

The classroom of nine students is staffed by a family therapist (called a counselor), a special education teacher, and a teacher's aide. The three classroom staff are reported to operate as coequals. The program feels that this teaches the children in the classroom about the value of people and respect. The program reports that the staff is excellent and works extremely well together. The classroom staff is under the control of and paid by the program, not the school or any other agency.

The counselor uses a case management approach for each child in the classroom. When the child has a behavior problem he or she is sent to a Think Place where they are separate from the rest of the class and given an opportunity to think about what they did and what they might have done. They are joined by the counselor in an individual discipline conference in which their behavior is reviewed with the

counselor. Often a contact is developed to help target behavioral change. In the beginning of the program group disciplining was done by way of a classroom meeting. However, feedback from the students indicated that individual discipline conferences were more acceptable to them.

The special education teacher, using the specialized teaching materials provided by the program, is charged with assisting the children in advancing their academic skills to their current grade level (and beyond if possible). This is done in an environment where there is "no failure." The "grades" given to students are P for pass, S for superior, and I for incomplete (in which case new but equivalent materials are given to the student to master in order to earn a P). Each learning situation is intended to be therapeutic as well for the student. As academic learning progresses, social skills are taught as well.

The positive environment of the classroom is shared with the family. The teacher periodically sends a letter pamphlet home to the family called "Good News." This focuses on their son/daughter's progress and emphasizes their accomplishments and good points. The parents are also invited to attend classroom functions in which they can observe for themselves how well their son/daughter is doing. This is intended to build pride in both the student and parents and to aid in bonding the family as well as bonding the family (parents/student) to the educational process.

The teacher's aide primarily assists the teacher in her function but also participates with the counselor and teacher in maintaining the overall positive environment of the classroom through a variety of techniques and activities. The job descriptions of the counselor, teacher, and teacher's aide overlap significantly since all three are conspiring to make the classroom experience a non-punitive, empowering, rewarding learning experience which produces self-disciplined behaviors that legitimately achieve the child's needs. Working through the child in the classroom, the family is intended to be impacted in a positive way thereby reinforcing the child's school experiences. The family connection is primarily through the counselor (family therapist).

The counselor "uses" school issues as an "in" to the family. The strategy of the counselor is talk to the parents about their child and to work into family problems and issues of parenting from that point. The counselor works to help the parents see their child in a better light. The success theme built into the school experience apparently readily spills over into the family dynamics. The counselor enlists the help of the parents to encourage the child to continue their good experiences in school and to continue with their positive behavioral modifications. The counselor thereby "empowers" the parents and further supports them by teaching them parenting skills and other coping skills that are intended to strengthen the individuals in the family as well as the family group. The counselor visits the family of each student a minimum of once a week during the school year. The time of the visit varies but the program reports that on the average an hour a week is spent with each student family.

In sum, the counselor (family therapist) is appropriately the liaison from the school to the family and from the family to the school. The counselor helps the parents interpret what is going on with their child in school and thereby works with both the child and the parents. The counselor also helps the teacher and teacher's aide interpret what is going on with the child in the family, the understanding of which helps the classroom work group to plan and execute educational and therapeutic interventions more efficiently and effectively.

C. Assessment

Based on the measurable objectives of the program, it is enjoying clear success. Data from the first three years of the program are reported by the program as follows:

During school year 1985-86 there were only 15 truancies compared to 511 incidents of truancy/suspension in the previous school year for the student participants; during school year 1985-86, 92% of the students improved school behavior and academic achievement while only one child was involved with juvenile court. All students were promoted to the next grade.

[Youth & Family Counseling
Service document. "Summaries
of Dunbar and Grimes Alternative
Classroom Data," no date]

NOTE: Truancy/suspension is compared to truancies in the pre and post measures. The program does not allow suspensions from the school program so only truancies can be counted for the program.

During the school year 1986-87 there were only 21 truancies compared to 514 incidents of truancy/suspension in the year prior to placement. One hundred percent (100%) of the students who were in the program the entire academic year improved school behavior and academic achievement, and all were promoted to the next grade. Again, only one child was involved with juvenile court.

[Youth & Family Counseling
Service document. "Summaries
of Dunbar and Grimes Alternative
Classroom Data," no date]

During the school year 1987-88, there were only 4 truancies compared to 67 the year before the fourth and fifth graders entered the program. 89% of the students significantly improved school behavior, academic achievement, and attendance. All were promoted to the next grade. One child was referred to juvenile court, and diverted back to the program without further court involvement.

[Youth & Family Counseling
Service document. "Summaries
of Dunbar and Grimes Alternative
Classroom Data," no date]

Program data for the 1988-89 school year (September to February) at the Dunbar Alternative School show that the students had a prior 11 truancies (there were no suspensions). To date, those students in the Dunbar program have no truancies. The data on academic achievement shows one of the nine students, at the end of the first semester, at the same levels in math and reading as they were measured at the beginning of the semester (however, this student was making progress in the other five academic subjects measured). All other students showed progress in all seven academic areas measured. To date, no students have been involved (meaning no referrals to the juvenile court - a referral that is diverted is still counted against the project) with juvenile court. Data on classroom behavior were not available.

For the four years of the program with nine to twelve children in the program, three of those years saw one child involved each year with the juvenile court. Data for the fourth year are pending the completion of the academic year but to date on one has been counted as being referred to the juvenile court.

Truancies, despite the larger initial numbers of truancies (and suspensions) logged by the Grimes middle school students (grades six through eight) compared to the Dunbar fourth and fifth graders, the proportional reductions in truancies are very similar. The Grimes 1985-86 school year shows a 97% reduction in truancies. The Grimes 1986-87 school year shows a 96% reduction in truancies. The Dunbar 1987-88 school year finds a 94% reduction in truancies. And, to date, the 1988-89 Dunbar school year has a 100% reduction in truancies (the students in this school year began with the lowest number of truancies for any group - 11 compared to 67 for 1987-88, 514 for 1986-87, and 511 for 1985-86). [Note: Individual data on truancies were not available to compute the rates for each student. The results here are grouped data.]

Based on these program data, all four targeted areas appear to be substantially impacted - school attendance, academic performance, classroom behavior, and juvenile court involvement. Other interesting measures such as self-esteem of the student and parental parenting skills were not formally available. However, the program staff report that students are experiencing, based on their clinic judgement,

increased self-esteem (which they would assert is indirectly measured by improved classroom behavior) and the parents are improving their parenting skills. Furthermore, the students and their families, the program staff notes, are empowered (they are experiencing competence and success) - they are less disenfranchised particularly in regard to their relationship to the school.

As the program continues, certain refinements have been made to improve the program delivery. For example, initially, responding to discipline problems in the classroom was done in a group. This eventually gave group meetings a stigma. Dealing with an individual's behavior by a group process embarrassed some students and made them angry. The program switched to individual discipline conferences in response to the students feedback. In another case the use of "time out" or the withdrawal of privileges was "vigorously resisted" by the students so a behavioral point system was adopted. The point system coupled with the discipline conference is reported as working well but a further refinement is in progress. The staff will devise a system whereby the student may, with proper behavior, earn freedom from the school imposed point system (an external control) to monitor their behavior to a system where the student monitors their own behavior (an internal control). While the overall program model appears to be robust, the program staff is constantly fine tuning the program.

If the program staff could do things differently in the program, what would they choose to do? The first two mentions were related to staffing. They would like to have more time for training the school staff. Role playing would be highly useful and would shortcut some potentially uncomfortable experiential learning by the staff in the classroom setting in handling various discipline problems. Additionally, they would like to have more time for the staff to be together before the school year begins to plan their activities and, in the case of new staff, to get to know their co-workers.

Since much emphasis is put on the excellence of the staff, their training, being able to operate in the classroom as coequals (and to some extent, being cross-trained to perform tasks in the classroom), the importance of the quality of the staff to the success of the program was raised by the researcher. It was reported by the program staff that there was an instance in the Grimes school in which the three classroom staff persons did not get along well. Despite that, the evaluation data show the program had its intended impact. The program staff feel that the model is robust enough to tolerate a classroom staff less talented than their own. A much broader evaluation of different programs with varying levels of staff competence and cohesiveness is needed to appropriately address this question.

The program staff has already altered its classroom discipline approach. They feel that it is not a good idea to do group disciplining in a classroom meeting. They have found that individual discipline conferences work much better.

The program staff is hard pressed to find community resources (that is, speakers from the community) to make presentations on topics the children are interested in. This has been partly resolved by finding video tapes or films that can offer the information in an interesting way. The size and nature of the community no doubt contribute to the feasibility of utilizing community resources.

The wish list the staff provided was a short one which seems to be indicative of their basic satisfaction with the program model. The evidence is that the program works short term. What about long term? The program staff did a six months follow-up of their students who returned to the regular classroom. They concluded, based on their follow-up data, that most of their program students reintegrated well. Two students needed additional support to reintegrate (the total number of students in the follow-up study was not reported). Some students in the alternative school program are encouraged to stay with the program for two years instead of one. The ability to work with a student for two years should enhance successful reintegration into the regular classroom. Additional follow-up studies could provide valuable information on what student characteristics are most predictive of success in reentering the regular classroom after being exposed to the program for a given period of time.

In sum, the assessment of the Alternative School Program is that it is serving the purposes which it seeks to address. The model is a strong one and it is being executed well.

III. HOME REMEDIES PROGRAM

The Home Remedies Program is a crisis intervention and home-based or family-centered therapy program of the Bringing It All Back Home (BIABH) Study Center in Morganton, North Carolina. The Home Remedies Program serves families where at least one family member under the age of 17 is at risk of out-of-home placement or is returning home after placement. The program which began July 1, 1987 is funded by the North Carolina General Assembly and the North Carolina Governor's Crime Commission. Program funds from the General Assembly are for the fiscal years 1987-88 and 1988-89.

A. Philosophy and Goals

The BIABH Study Center identifies its basic mission as:

. . . to create and sustain a continuum of youth services that will ensure humane, effective, community-based treatment for youth in North Carolina who are at risk of institutionalization in psychiatric hospitals, training schools, or other child care facilities.

[BIABH Study Center planning document dated January 15, 1988]

To this end, BIABH has three programs that it directs, a Teaching-Family Model Group Home Training Program (BIABH originally ran several of the group homes but no longer does), a Professional Parenting Program (which provides specialized training and support for foster parents), and Home Remedies. All of these programs address the basic mission of BIABH as stated above.

Underlying the "deinstitutionalization" and community-based treatment of youths in difficulty is the notion that "youth problems that stem from home and family difficulties can be corrected only in the context of an effective, supportive home environment." [BIABH Study Center planning document dated January 15, 1988] BIABH realized from their residential program that the need to work with families in the home was a need that could not be addressed by their residential staff. Therefore, the Home Remedies Program rounded out their service delivery in concert with their philosophy and mission.

The Home Remedies Program has four global goals:

- [1] To prevent family dissolution and the placement of children out-of-home (at least one family member under the age of 17 is at risk of out-of-home placement);

- [2] To assist in reunification and prevent re-placement when children have been placed out-of-home (at least one family member under the age of 17 is returning home after placement);
- [3] To strengthen and maintain client-families;
- [4] To reduce client dependency on social services by promoting family self-sufficiency.

[BIABH Study Center document, no date; information in parenthesis for goals [1] and [2] were added from this document]

An additional fifteen treatment goals (or "objectives" depending on one's preference for planning model terminology) that may be used by the in-home counselors are highly specific and will not be listed here. These treatment goals, however, are measured as a standard part of the program's systematic data collection materials (treatment goals are measured at intake, termination, and follow-up intervals of six months and a year). Analysis of these data will readily identify the "success" of these goals with specific client families.

B. Program Description

Home Remedies offers short term (4 to 6 weeks) in-home crisis oriented services to families where a child is at risk of out-of-home placement in a "training school, psychiatric hospital, childcaring institution, group home, or foster home due to delinquent or chronic status offenses, emotional disturbance, or abuse and neglect." (BIABH document, dated October 27, 1988) Families in which a child is returning home from one of the above out-of-home placements may also be eligible for services. The services offered are two basic types - services of a counselor as a primary service provider (family-centered therapy) and brokering of community services to the family.

Primary referral sources are departments of social services, public mental health, and juvenile court. In addition, some referrals come from families themselves who, in many cases, have talked with families that have already received services from Home Remedies. Other referral sources are public schools, group homes, psychiatric hospitals, private mental health practitioners, and other private sources.

Once a referral is received the referring agency is asked to provide as much material as possible on prior placements of the child in question and on their agency history with the family. In addition, the agency is asked to ask the referred family if they are willing to receive the services of Home Remedies. The referral is screened to determine if the intake criteria are met. Those criteria are:

- [1] Reside in Burke and Caldwell counties, and
- [2] Have at least one family member under the age of 17 who is at risk of out-of-home placement in a training school, psychiatric hospital, childcaring institution, group home, or foster home due to delinquent or chronic status offenses, emotional disturbance, or abuse and neglect; or

Have one family member under the age of 17 who is returning home from one of the placements listed above and who can be residing at home full-time within seven (7) days of intake; and
- [3] Have at least one parent, guardian, or custodian who will agree in writing to participate in the Home Remedies program.

Families which are not considered are those cases in which the referral is for a problem that cannot be remedied (such as a severe mental disorder) or for a problem that requires long-term intervention or remediation (such as chronic substance abuse). Other reasons for withholding services occur later in the process. If the referral family does not make itself available for intake services within 72 hours of being accepted for the program, they will be excluded from the program. Finally, if there is an "immediate threat of violence" to the Home Remedies counselor, the family will be excluded from the program. (BIABH Study Center Intake Criteria and Referral Procedures document, no date)

The referral agency is contacted within twenty-four hours after the referral to let them know if the family can be considered for the program. One barrier to considering the referral is the limited number of counselors. At present there are three counselors who are only allowed a caseload of two families. Two counselors work Caldwell County and one counselor works in Burke County. If, at the time of the referral, the counselors have a full caseload, the referral cannot be considered and the referring agency will need to consider other alternatives.

If there is an opening in the program, a team of counselors or a counselor and the program coordinator go to the home of the referred family for an in-home assessment. The in-home assessment lasts from one to three hours and normally occurs within three days of the referral. It is reported that the ideal of three days response time for an in-home assessment, if an opening in the program is available, is often extended to a week due to backlogged work from the counselor caseload.

At the end of the in-home assessment the family is told that the decision to offer services is pending and that they and their referral source will be notified as soon as possible. The next step in the process is to have a staff meeting (which occurs weekly or on an as needed basis) to review the assessment materials of the family or families referred and to make a decision about who will be accepted into the program. The program originally intended for the assessment committee to be an interagency group which worked as an admissions committee. Having an interagency group would facilitate contact with other agencies and presumably heighten their involvement in the program family cases. However, agencies' commitment to this model is not at the level that the Home Remedies staff would like to see.

The assessment material is reviewed in a staff meeting and decisions are made to accept or not accept families into the program. Four main factors are considered in this decision. They are - is the child at risk (short or long term risk) for out-of-home placement?; which family is most in need of services (in the event more than one family is vying for a position)?; for which family can the program best provide services?; and can the counselor work with the families (what is the willingness of the family to work with the program, what is their commitment?)?

When the family or families are selected for the program, the counselor assigned to the family will contact them that day for a visit or an appointment to visit. The referring agency is also notified that the family will be in the program. For those families not selected, both the family and the referral agency are notified and alternative services (if any) are explored with them.

The child's parent or guardian is asked to sign an Authorization to Treat and Transport form. In that form it is stated that participation in the Home Remedies program is voluntary and that the family may elect to discontinue services at any time. In addition, the parent or guardian is asked to sign an Authorization for Release of Information form.

Work with the family begins immediately. The counselor begins to establish rapport with the family in a variety of ways. Typically, during the first two weeks, twenty hours are spent in direct contact with the family. During this time the family goals are assessed, family functioning is assessed, and a treatment plan is developed. If the family is in need of concrete services (e.g., financial assistance, food, housing, etc.) they are delivered as soon as possible. In addition, longer term service needs (such as mental health counseling) are identified and delivery services planned. The counselors noted that at this point - the consideration of longer term service needs - they would like to do a staffing with an interagency committee to help plan the delivery of services by those agencies. The program takes every step possible to make the delivery of various services more "user friendly." They do this by working with the providers of long term services to reduce barriers to effective service delivery for the family. Often much fence mending is necessary since some families have alienated agencies. One of the services of the program is to teach

families appropriate ways to access agency services. The counselors report that agencies generally feel the program makes clients more amenable to their services.

In weeks three and four there are approximately ten to fifteen hours of direct contact (a total of twenty hours per week are dedicated to the family but there is less direct contact with the family). During this time there is a reassessment of family goals and the counselor continues to shape the family and to monitor their progress. Weeks five and six where the direct contact is reduced to five to ten hours, the counselor is gradually withdrawing from the family in anticipation of termination. The program is time limited to six weeks but in special cases the time may be extended a week or two. It is not uncommon, for example, for families to precipitate a crisis which might keep the counselor around somewhat longer. This is taken into account by the counselor and termination is usually at the six weeks mark.

After termination from the program there is follow-up. The counselors report making a phone call a week to the family to check on them and to provide support. This type of follow-up activity goes on for approximately one year. Additional follow-up is done to collect outcome data from the families.

Throughout these six weeks of the program the counselor attempts to "empower" the family. That is, to enable the family to use their own strengths to solve problems. This is done through a variety of therapeutic techniques which are described in the qualifications desired for the position of counselor (BIABH document dated October 27, 1988) - cognitive behavioral therapy, reality therapy, behavior therapy, positive communication, stress management, anger management, assertiveness training, goal setting, problem solving, and parenting skills training. One measure of "success" is whether the family is sufficiently empowered.

C. Assessment

BIABH employs an in-house researcher. The data collection instruments for evaluating program impacts are impressive. A summary of those instruments follows:

INSTRUMENT	COMPLETED BY	COLLECTED
Assessment of Family Functioning	Counselor	Intake Termination 6 & 12 months after termination
Consumer Evaluation	Parent(s)	Termination

INSTRUMENT	COMPLETED BY	COLLECTED
Concrete Services Rating Sheet	Counselor	Termination
Goal Checklist	Counselor with Parents	Intake Termination
Follow-up Goal Checklist	Counselor with Parents	6 & 12 months after termination

Unfortunately, at the time of the site visit the data were still being transmitted to a computer database and were not available for analysis. However, a BIABH document (dated October 27, 1988) does provide some preliminary results.

A preliminary examination of the data collected indicates that about 75% of families at risk of placement remained intact at six months after intervention. For those families where removal was necessary, out of home placement was recommended by the counselor in approximately 60% of the cases. In addition, levels of family functioning increased during participation in the program and continued to improve six months after completion of the program. Finally, families at completion of the program reported significant progress on the goals they identified for their treatment, and at 6 months follow-up reported no deterioration in goal attainment.

While these results address the first three global goals, they do not provide an indication of whether the family reduced their dependency on social services. In fact, by helping to make social services more "user friendly" the use of these services might increase for a short period of time rather than decrease (although there are indications that social services do not generally support such use after the family's participation in Home Remedies has terminated). At this juncture it could not be determined by the writer how this particular goal has been empirically measured. This point will be pursued in a future site visit.

Since the program began in July 1, 1987 it has served 41 families - 16 families in Burke County and 25 families in Caldwell County. Again, it is estimated that for 75% - 80% of the families the goal of preventing family dissolution was met.

Are families strengthened? According to reports from the program counselors, agencies report that families are more amenable to their services (they get along with the agency better) after they have been in the program. Schools report that the children of the families in the program act better in school after being in the program. Based on these reported behavioral improvements, it would appear that the families have been strengthened.

What happens with the families that do not seem to profit from the program? The counselors identified two conditions in which families did not succeed. Families in which there was ongoing violence among family members were not successful in the program. In the second condition problems with social agencies were identified. The program generally fails with families that need more than six weeks of services because the social agencies, in most cases, do not pick up where Home Remedies leaves off. This lack of continuity in services evidently puts the family at risk for returning to the problems that precipitated their involvement in Home Remedies.

When the counselors were asked what they would like to change in the program they responded with two issues. First, they pointed to an issue that became apparent at the staff meeting the writer attended in which assessment materials were reviewed and families selected for the program. Additional counselors are needed to be more responsive to the many agency referrals they receive. They felt that if there were more counselors available there would be increased agency referrals giving them access to families in crisis. Secondly, they felt that they typically did not get families in crisis because the referring agencies usually do not refer families during a crisis and when they did, the program might not have an opening at that time (in part due to the need for additional counselors). It becomes a Catch-22 - if the agencies are encouraged to refer families in crisis and do so, the likelihood that a counselor would have a case opening at that moment may be low which would tend to discourage agency referrals. Reduced agency referrals would reduce the need for additional counselors. The solution is to make an investment in additional counselors (provided the resources are available) and then to encourage the agencies to refer appropriate families. In this way the program could be more responsive to the increased demand and thereby reinforce agency referral patterns.

Does the Home Remedies program serve the purposes which it seeks to address? The Home Remedies program is successfully accomplishing the tasks that it was designed to address. The program is a valuable component to the BIABH Study Center's overall continuum of youth services programs.